#### SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee held in the Luttrell and Wyndham Rooms, County Hall, Taunton, TA1 4DY, on Wednesday 7 July 2021 at 10.00 am

**Present:** Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr A Bown, Cllr M Caswell, Cllr P Clayton, Cllr A Govier and Cllr T Munt (Sub for Jane Lock)

#### **Other Members present:**

Cllr L Redman, Cllr D Huxtable, Cllr M Chilcott, Cllr B Revans, Cllr C Paul, Cllr F Nicholson, Cllr C Lawrence, Cllr J Lock, Cllr G Fraschini, Cllr A Kendall and Cllr W Wallace

#### **Apologies for absence:**

Cllr G Verdon

## 4 **Declarations of Interest** - Agenda Item 2

There were no new declarations.

#### 5 Minutes from the meeting held on 3 March 2021 - Agenda Item 3

The Minutes were agreed and signed.

# 6 Minutes from the special meeting held on Tuesday 16 March 2021 - Agenda Item 4

As this was a joint meeting; the portion relating to Adults and Health only was agreed.

#### 7 Public Question Time - Agenda Item 5

There were no public questions.

#### 8 Out of Hours Report - Agenda Item 6

The Committee had a report and presentation from Devon Doctors on the current Out of Hours service following a Quality Care Commission inspection which resulted in the service being graded as Requires Improvement. The Care Quality Commission undertook a further inspection of Devon Doctors Limited, on 7, 8 and 9 December 2020: this was a short notice announced focused inspection to follow up on the urgent conditions imposed on the provider and requirements made in July 2020. Due to other areas of concern highlighted during the three-day inspection the inspection changed from a focussed inspection to a full comprehensive inspection. Devon Doctors provided

responses to the concerns identified by Healthwatch and have included the mitigating actions within the wider improvement plan. Many of the concerns raised linked to the way in which the service has been designed to operate nationally and are outside of the control of Devon Doctors. In this instance, the provider is working with Healthwatch to provide feedback to the national teams. Devon Doctors is also working with Healthwatch to undertake focussed pieces of work across Devon and Somerset, although there is no current timeline with Devon Doctors Limited currently waiting for Healthwatch to reschedule a meeting postponed from earlier in the year.

During the period between the two inspections, Devon Doctors Limited undertook an Organisation-wide staff survey. This identified a number of areas where it was necessary to undertake Organisational Development. As part of the Turnaround support provided by the Devon and Somerset Clinical Commissioning Groups, Devon Doctors Limited has invested in a cultural review of the Organisation. The results of this review have been incorporated into an Organisational Development Plan. This work is ongoing, and the impact has been noted by the Care Quality Commission during their latest visit.

The challenges faced by Devon Doctors needs to be viewed against a background of a national and South West shortage of GP's. The service was heavily reliant on GP's when in fact the imperative should be the 'right clinician for the need of the patient'. The service has been redesigned to make use of a wider range of clinicians. There remains a performance challenge due to the continuing rise of demand across the service due to tourism and more people taking holidays in the UK and in particular the South West. There has been a 7% increase in the demand for the Our of Hours service and a reduction in the number of locum and agency staff due to the unprecedented demand of the Pandemic and staff needing a break for work after the demand f the past 18 months.

The Care Quality Commission continues to work closely with Devon Doctors to ensure the positive changes are maintained.

The Committee discussed the report and presentations, and the following points were raised: -

- There was a question about GP services resuming all appointments face to face and it was confirmed that throughout the pandemic all those who needed to be seen face to face were given such appointments but that for many patients it was not clinically necessary to be seen face to face and that for many appointments this would continue as it was more efficient and safe.
- There was some discussion about recruitment and in particular whether the level of pay for some was an issue.
- The peaks in demand in October and whether this was linked to a local spike in Covid cases. It was confirmed that the service did have an

- obligation to assist the national demand and the peak coincided with a rise in cases in northern England rather than locally.
- There was a question about a very high spike in calls in June and the Committee were informed that this was due to one individual who was calling up to 30 times an hour. The individual has now been supported by a whole system response and is getting the support and care they need.
- The high turnover in support staff is due in part to the high-pressured nature of the role and the challenge of training remotely which has led to a slightly higher than usual turnover. Turnover is 10 -12% under normal circumstances but this is planned for in the staff panning.
- There is a much wider piece of work being carried out to address the workforce challenges across the whole system with the aim of making sure patients see the right person at the right time.

#### The Somerset Scrutiny for Policies, Adults and Health Committee:

 Discussed the current position and service improvement work that has been carried out by Devon Doctors Limited, with Somerset Clinical Commissioning Group working alongside Devon Clinical Commissioning Group and the Care Quality Commission.

# **CCG Performance and Quality report** - Agenda Item 7

The Committee had a comprehensive report covering a wide range of services showing how each service had seen an increase in demand over the year. In summary the key areas covered were: -

- Primary Care -Continued high demand -49% of consultations were delivered face to face.
- NHS 111 -performance overall is good despite increased demand
- Ambulance Performance Performance met standards for Category 1
  patents but due to high volume of calls the waiting time for other
  categories has increased.
- A&E Performance all Emergency Departments have seen an increase in demand
- Emergency Admissions -This has seen an increase in all hospitals covering Somerset.
- Elective Care -Referral to Treatment -Covid 19 has had a significant impact on elective waiting times due to the need to stand down activity to allow for Infection Control regulations.
- Elective Care -Diagnostic Waiting Times adverse impact due to Covid 19 and all services have recorded increase in waiting times.
- Elective Care Cancer Significant reduction in the number of referrals.

- Mental Health -Improving Access to Psychological Therapies (IAPT) Recovery rate is above the national ambition.
- Mental Health Children and Young People –
- Quality Safeguarding initial health assessments are taking place within timescales but there is a concern around access to dental services.
- Quality Continuing Healthcare The Continuing Health Care Team (CHT)
  was redeployed to support the initial Covid 19 response and
  assessments were deferred. All deferred assessments have now been
  completed.
- Quality -LeDeR This is a record of notification received of deaths in relation to people with Learning Disabilities.
- Quality Pressure Ulcers numbers have been low in hospital settings but higher in community settings. The focus on these will restart in July 2021.
- Quality Infection Control All areas are monitored and addressed.
- Quality Maternity KPI's for this are under review and more in formation will be provided in the next report.

The Committee were informed that the Minor Injuries Unit (MIU) based in Minehead had been forced to close overnight following a Somerset NHS Foundation Trust review. This came into effect on 1 July 2021. This follows an extended period of unscheduled overnight closures and recent concerns around the safety of the model of care available overnight. Over the next four months the Trust will undertake a full review of the safety concerns with the existing overnight service and the staffing model. The Trust will engage with partners, and patient and public representatives, to draw together proposals for how to address the issues with the overnight service within the resources available. The NHS111 represents a reliable and effective service which is readily accessible to all. The '999' service provides a 24/7 effective response to all medical emergencies which includes direct access to specialist definitive care.

The Committee discussed the detailed report, and the following is a summary of the discussion: -

- The Committee asked for clarification of one of the figures as the report recorded that there had been 296,668 Primary Care consultations during March and this figure seemed very high.
- The temporary closure of an operating theatre at Musgrove Park Hospital as part of the 'surge obligation'. The Committee was assured that this was part of the national response and was kept under review.
- The Committee raised a question in relation to the number of full-time equivalent staff deployed in Mental Health Services for young people and were offered some clarification in a separate briefing note. This note would also contain clarification on the number of adults users of mental health services who were signed off only to return at a later date.

- The Committee asked for further information on the number of deaths in the LD community where the cause of death was recorded as 'unknown' and this too was promised.
- The Committee expressed concern about the lack of prior consultation of the decision to suspend the overnight service at the Minehead MIU as this would have been helpful in ensuring local people knew about the decision and the rationale behind it.
- The Committee was concerned about the lack of availability of dental services for children in general as well as for those in care and asked for this to be included in a future meeting.

# The Somerset Scrutiny for Policies, Adults and Health Scrutiny Committee:

• Discussed the report and the noted the Quality, Safety and Performance as detailed in the report.

#### 10 SCC Business Plan Report - Agenda Item 8

The Committee considered a report setting out the Somerset County Council's Business Plan. The Business Plan stated what the County Council aims to achieve with partners and communities to deliver the County Vision. It performs the function of strategic direction for the authority at a step below, and in more detail than the County Council Vision, and above the individual service plans for each service within the organisation. This provides a 'golden thread' for each service to the County Vision and demonstrates the cross-cutting work and focus of the authority. This Business Plan builds on the work of the previous plan approved in 2018 but with a refreshed look at the key priorities for the County Council and reflects changes that have occurred over that time. There has been extensive consultation over recent months; including Scrutiny Committees, Directors and Senior Managers. All Members including Scrutiny attendees were invited to an informal briefing on the 17th of June to consider and provide feedback on the draft copy of the report.

The Business Plan is a forward-looking document. By its nature therefore, some activities required further work to define scope, funding and resource requirements. Where this is the case delivery will be subject to the Council's decision-making processes and MTFP requirements. Successful delivery of the Business Plan requires the County Council to work in partnership and collaborate with others. In the case of forward-looking activities delivery will be subject to the policy, financial and decision-making frameworks in which partners operate. The projects, programmes and activities referred to in the Business Plan will be subject to appropriate impact assessments on an individual basis.

The Somerset Scrutiny for Policies, Adults and Children Committee discussed and commented on the Somerset County Council Business Plan. They did not request any changes but did ask for a Glossary to be added.

## 11 Adult Social Care Performance Report - Agenda Item 9

It was agreed that this item would be moved to the September meeting.

## 12 **Learning Disabilities Report** - Agenda Item 10

The Committee was given a verbal update on Learning Disability support in Somerset. The Director for Adult Social Care began by paying tribute to all the Learning Disability staff who have worked so had over the past year supporting the Learning Disability community over the last, very challenging year.

Throughout the pandemic the Council and providers have been supporting people. Providers have been very responsive to ensure people had appropriate support if their usual service offer could not be provided due to the pandemic. Providers have offered:

- Bespoke care and support packages
- Day care for limited people
- Technology support, including team / zoom calls and interactive social meetings

Supporting social care providers has been a key priority for Somerset County Council and its stakeholders throughout the COVID-19 pandemic. In recognition early on of the vital role our formal and informal care sector plays in our collective system resilience and response, we have sought to offer whatever support we can to minimize the risk of provider failure and offer additional protection to those members of the community reliant on local provision. This support will continue as our communities and the people we support adapt to a new way of working. The Council will continue to meet on a regular basis with Learning Disabilities and Autism providers. Somerset County Council and the CCG have established a Learning Disabilities and Autism Strategic Partnership Board. The Board will be meeting on a bi-monthly basis and its

membership includes representatives from the Council, CCG. SFT and providers. The Board will include representation from people who are supported by health and the council. The proposed co production work will identify how people supported by the Council want to be involved in the Partnership Board.

It has been agreed that the Council and CCG will develop separate strategies covering learning Disabilities and Autism.

During July to September the CCG and Council will work with people supported by health and the council to discuss and agree:

- A vision and key principles for Learning Disabilities and Autism,
- How people supported by the CCG and Council should be involved in the Partnership Board and
- What is important and to people supported by the CCG and council and agree some key priorities to be undertaken during the next 3 years. The Adult Social Care Commissioning key themes have been developed into a service plan and for the next year they will be: -
  - Choice and Control
  - Market Management
  - Discovery
  - Strategic Commissioning

There was a brief update on the Discovery contract.

The ASC Commissioning Service plan also refers to the Council working with Discovery. Discovery Board have recently approved a two-year business plan. During the next 12 months the Council will be working with Discovery on the following key issues:

- Day opportunities Discovery have developed a fresh approach to support people to have a community-based approach to support people during the day rather than attending a traditional day care setting.
- Financial Model The Council and Discovery have completed a
  financial model that separates the cost of care from the cost of TUPE.
  This model will enable everyone supported by Discovery to be
  offered a Direct Payment/ ISF. It is anticipated that during the
  autumn work will commence to explain to people supported by
  Discovery the opportunity offered by a Direct Payment / ISF.
- Property The Council are working with Discovery to review all
  of the property occupied by Discovery to understand the short,
  medium and long longevity of each dwelling. This review will be
  completed by end of October 2021 and will form a wider strategic
  review and engagement with the care market and Homes for England
  about the future demand for Supported housing and residential
  care.
- Contract review The contract with Discovery is initially for 4 years, with an option for a 2-year extension. The initial contract ends April 2023. Discussions are ongoing with Discovery about whether the Council consider extending the contract.
- **Quality** The Care Quality Commission regulates all care providers in Somerset.

• **People Supported** – The contract with Discovery allows for people to choose to a different provider as services operated by Discovery change.

The Committee discussed the report and raised some questions in relation to the first actions taken in relation to diagnosing autism and it was confirmed that this was often picked up in a school setting. There were some challenges around the CQC rating of some of the Discovery Care stings as there were four that were rated as Requires Improvement and this represented 25% of the service. It was acknowledged that there was a need for improvement and the CQC s working with Discovery to ensure sustainable improvements were introduced. There have been some changes at managerial level, and this should bring about long-term sustainable change.

#### The Somerset Committee for Policies Adults and Health

- Agreed the proposed work priorities to be undertaken by the Adult Social Care service and its key stakeholders during the next 12 months.
- 13 Scrutiny for Policies, Adults and Health Committee Work Programme Agenda Item 11

The Committee considered and noted the Council's Forward Plan of proposed key decisions in forthcoming months including Cabinet meetings. The Committee agreed to move the ASC performance paper to September 2021, to have a workshop on Neighbourhoods and Communities in October and look to add access to NHS dentistry to a future meeting.

14 Any other urgent items of business - Agenda Item 12

There were no other items of business.

(The meeting ended at 12.50 pm)

**CHAIR**